



COUNTY OF SAN DIEGO
VOLUNTEER REPORT FORM
PERIOD JULY 1, 2011 - JUNE 30, 2012

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

JUL 16 PM 2 57

Deadline: July 13, 2012

THOMAS J. PASTUSZKA
CLERK OF THE BOARD
OF SUPERVISORS

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA - North Coastal & North Inland Regions

Division/Unit: North Inland Public Health Center

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. of Vol. 1 Hours 35 X \$ 21.79 = \$ 762.65

Types of work performed by GENERAL VOLUNTEERS in this category:

Assisted PHN Supervisor with clerical duties and follow-up calls to clients opened to PHN services. To confirm client had gain access to resources and appointments to medical providers. Clerical support included assembling educational packets, for health fairs and home visiting. Clinic support included assisting with inventory of clinic supplies.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol. Hours X \$ 21.79 = \$

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
<u>Foster Care PHN</u>	<u>220</u>		<u>35.67</u>		<u>7,847.40</u>
<u>Epi-BT RN/PHN</u>	<u>79</u>		<u>35.67</u>		<u>2,817.93</u>

No. of Vol.	Total Hours	Total Value = \$
<u>2</u>	<u>299</u>	<u>\$10,665.33</u>

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	<u>1</u>	<u>35</u>	<u>\$ 762.65</u>
2b.	<u></u>	<u></u>	<u></u>
2c.	<u>2</u>	<u>299</u>	<u>\$ 10,665.33</u>
Total Vol.	<u>3</u>	Total Hours <u>334</u>	Total Value = <u>\$ 11,427.98</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____
Item Donated: _____	Value: _____

TOTAL VALUE = \$ _____

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 20 X Rate 35.67 = \$ 713.40

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 10 X Rate 46.06 = \$ 460.60

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS =

141

d. TOTAL OF VOLUNTEER PROGRAM COST = \$ 1,174.00
(add 4a, 4b, and 4c)

5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 11,427.98
b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0
c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) \$ 1,174.00

TOTAL PROGRAM BENEFIT

\$ 10,253.98

6. RECRUITING:

Please describe your recruiting programs:

Interns from Cal State San Marcos and other nursing programs encourage their students to get extra hours toward their experience. We often have multiple applicants.

7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2012-13:

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continuing foster care PHN 5 hours a week or so; will resume acceptance of interns in the Fall of 2012.

9. GENERAL INFORMATION:

Name of Person Completing Report: Kitty Roche, Public Health Nurse Manager

Phone Number: (760) 740-4020 Mail Stop: N512

E-Mail: kitty.roche@sdcounty.ca.gov

Volunteer Coordinator: Vicky Magsaysay

Phone Number: (760) 740-4135 Mail Stop: N465

E-Mail: vicky.magsaysay@sdcounty.ca.gov

10. DEPARTMENT CERTIFICATION:


CHUCK MATTHEWS, DEPUTY DIRECTOR

DEPARTMENT HEAD SIGNATURE

7/13/12
DATE